

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000079477

FILED
Apr 24, 2003
Secretary of State

Entity Name: MC COMBS GENERAL CONTRACTING, INC.

Current Principal Place of Business:

521 MOCKINGBIRD COURT
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

521 MOCKINGBIRD COURT
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 74-3054029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MC COMBS, MARGARET T
521 MOCKINGBIRD COURT
LAKE MARY, FL 32746

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MC COMBS, MARGARET T
Address: 521 MOCKINGBIRD COURT
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MCCOMBS, MARGARET T
Address: 521 MOCKINGBIRD COURT
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Change (X) Addition
Name: MCCOMBS, JAMES E JR
Address: 521 MOCKINGBIRD COURT
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET T MCCOMBS

PRES

04/24/2003

Electronic Signature of Signing Officer or Director

Date